



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

Close Observation

Effective Date: May 24, 2016

Policy #: TX-34

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- I. PURPOSE:** To promote safety of the specified patient when acute behavioral/physical problems are present.
- II. POLICY:** Patients will be assessed at the time of admission and assessment will continue during the patients stay at Montana State Hospital (MSH). Close observation precautions will be instituted when a patient demonstrates behaviors or medical problems/concerns that indicate the need for close observation.
- III. DEFINITIONS:**
 - A. Close Observation – the act of watching carefully, reporting and documenting what is seen, noticed, or abnormal.
- IV. RESPONSIBILITIES:**
 - A. Licensed Independent Practitioner (LIP):
 - 1. Initiate Close Observation Precautions if indicated.
 - 2. Provide verbal/written orders for the use of or discontinuation of Close Observation.
 - 3. Specify Close Observation by 1:1 observation, or by 15 minute visual checks. Written orders for 1:1 observation should specify 1:1 with constant supervision, close proximity, i.e. six feet, line of sight, discreet, specified area, and specified sleep status.
 - B. Registered Nurse:
 - 1. Complete admission assessment and ongoing Nursing Assessments of the patient.
 - 2. Implement Close Observation if his/her assessment warrants.
 - 3. On implementation inform other nursing staff of the type and specifications of the Close Observation and initiate the Observation Flow Sheet.
 - 4. Obtain LIP order for the implementation of Close Observation.
 - 5. Document in the progress notes when Close Observation is initiated.
 - 6. Document a nursing assessment in the Progress notes one time per shift.
 - 7. Monitor and ensure Close Observation precautions are completed and documented as specified in this policy.

C. Direct Care staff:

1. Monitor the identified patient on 1:1 observation/or 15 minute checks as outlined in this policy.
2. Document no less than every 15 minutes on the Observation Flow sheet. Include patient behavior and everything that has happened since the last documentation.
3. Immediately report any changes in conditions or circumstances that may affect the status of a precaution level to the RN.
4. Initiate a new Observation Flow Sheet each day at midnight.

V. PROCEDURE:

- A. The patient will be assessed on admission and on an ongoing basis throughout the patient's admission at MSH. The Nursing assessments shall include documentation of patient's need for close observation as indicated by:
- Suicidal thoughts
 - Potential for self-injury
 - Elopement behaviors
 - Potential for physical harm due to physical illness and declining cognitive function
 - Infection control issues
 - Other issues requiring close observation
- B. If the Nursing Assessment indicates a need for close observation Registered Nursing staff may initiate 15 minute visual checks at their discretion.
- C. Notify LIP for close observation orders for psychiatric or behavioral issues, and the Medical Clinic LIP for close observation for physical/medical issues.
- D. Locate and record on the Observation Flow Sheet, all patients on 1:1, 15 minute checks, and in observation rooms first when completing unit census.
- E. Direct care nursing staff may implement as needed emergency, crisis, and planned interventions that are required to maintain the safety of the patient.
- F. The patient shall be restricted to the treatment unit when on close observation unless otherwise specified by LIP's order.
1. 1:1 Observation:
 - a. The identified patient is to be under constant observation by an assigned staff member, regardless of other unit activities.
 - b. Staff must remain in close proximity to the patient, as determined by the written order, and the patient must be in view of staff at all times.

- c. Staff are to maintain a close proximate, as specified by the written order, to the patient at all times, including bathing, and toileting. Under these conditions, the patient's safety and protection outweighs his/her right to privacy. For bathing and toileting activities staff of the same sex may be utilized.
 - d. Staff will continuously monitor the patient's behaviors and immediately report any changes in conditions of circumstances to the RN.
 - e. Staff is not to engage in personal activities such as reading, eating, phone use or similar activity that could distract or otherwise interfere with the continuous observation of the patient.
 - f. If staff levels permit, a rotation of staff is to be made every hour, ensuring the patient is visualized at all times during the staff rotation.
 - g. Staff will document Close Observation on the Observation Flow Sheet by documenting the patient's location and behavior at least every 15 minutes.
 - h. Staff will carry the close observation flow sheet with them the duration of the assignment.
 - i. Direct care staff will document the patient's behavior once every 8 hour shift in the progress notes of the patient's medical record.
2. 15 minute checks:
- a. Staff will visualize the patient on 15 minute checks at a minimum of every 15 minutes.
 - b. Staff will document the patient's behavior and the whereabouts of the patient every 15 minutes.
 - c. Documentation is to be done in *real time* on the Observation Flow Sheet, do not pre enter the times prior to visualizing the patient.
 - d. Staff will monitor and record patient behaviors and immediately report any changes in conditions or circumstances that may affect the status of a precaution level to the RN.
 - e. If a patient cannot be located right away notify the RN immediately.
 - f. Staff will carry the close observation flow sheet with them the duration of the assignment
 - g. Direct care staff will document the patient's behavior once every 8 hour shift in the progress notes of the patient's medical record.

VI. REFERENCES: None.

VII. COLLABORATED WITH: Medical Director, Hospital Administrator.

VIII. RESCISSIONS: #TX-34, *Close Observation* dated May 19, 2016.

IX. DISTRIBUTION: All hospital policy manuals.

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- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Nursing
- XII. ATTACHMENTS:** None.

_____/____/____
Glenda Oldenburg Date
Interim Hospital Administrator

_____/____/____
Thomas Gray, M.D. Date
Medical Director